



**Houston Department of  
Health and Human Services**

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Bureau of Vital Statistics

**Credit Card Information Form**

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Bureau of Vital Statistics accepts the following credit cards:



**Shipping Methods:**

\_\_\_\_\_ Regular Mail

\_\_\_\_\_ Priority Mail (\$15.00 plus the cost of the certificate)

\_\_\_\_\_ Federal Express (\$33.00 plus the cost of the certificate)